

FEC FORM 2

STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE
17 MAY 16 AM 10:51

1. (a) Name of Candidate (in full) Franken, Al, . .		2. Candidate's FEC Identification Number S8MN00438	
(b) Address (number and street) P.O. Box 583144		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Minneapolis MN 55458		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC-FARM-LABOR	5. Office Sought Senate	6. State & District of Candidate MN 00	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Al Franken for Senate	
(b) Address (number and street) P.O. Box 583144	
(c) City, State, and ZIP Code Minneapolis MN 55458	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Franken MVPs	
(b) Address (number and street) PO Box 583144	
(c) City, State, and ZIP Code Minneapolis MN 55458	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Franken, Al, . . 	Date 05/03/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Midwest North Stars

(b) Address (number and street)

PO Box 583144

(c) City, State and ZIP Code

Minneapolis

MN

55458

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

[ADDITIONAL]

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NOTE: This designation should be filed with the principal campaign committee.

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(b) Address (number and street)

(c) City, State and ZIP Code

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(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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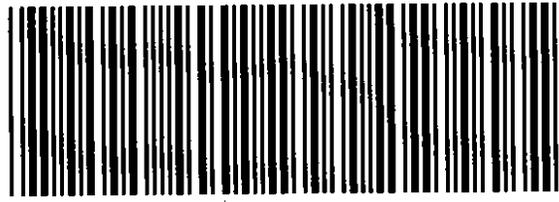
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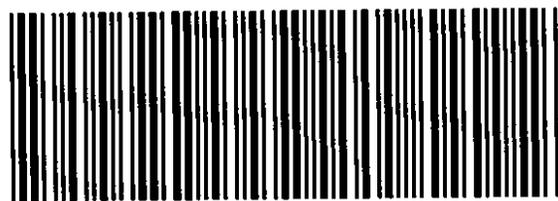
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